**Notice of Claim**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Freight Forwarder’s Liability** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | WTW-Client-No.: | | | | | | | | | |
|  | | | | | | | | | | Insurance Policy No.: | | | | | | | | | |
|  | | | | | | | | | | WTW-Claims No.: | | | | | | | | | |
|  | | | | | | | | | | Client Claims No.: | | | | | | | | | |
| **Willis Towers Watson**  **Versicherungsmakler GmbH** | | | | | | | | | | Name/Stamp of the Policyholder: | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | |
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|  | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | Entitled to deduct tax (VAT)  no  yes,       % | | | | | | | | | |
| **General** | Date of claim: | | |  | Time: | | | | Location of claim (address): | | | | | | | | | | |
|  |  | | |  |  | | | |  | | | | | | | | | | |
| **Cause of Claim** | How did the claim/loss occur? (Please give an exact description). Attach extra pages if required. | | | | | | | | | | | | | | | | | | |
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|  | Who caused the claim? | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
|  | Was the claim reported to the police? | | | | | | | | | | | | | | | | Crime Reference No. | | |
|  | no  yes, department: | | | | |  | | | | | | | | | | | |  | | |
|  | Does the claimant have a marine cargo insurance ? | | | | | | | | | | | | | | | | no  yes | | |
|  | Was the marine cargo insurance provided through you? | | | | | | | | | | | | | | | | no  yes | | |
|  |  | | | | | | | | | |  | | | | | | | | |
| **Documents required** | Copy of the transport/shipping order | | | | | | | | | | | | | | Proof of fixed freight price | | | | |
|  | Consignment note | | | | | | | | | | | | | | Handover Receipt (from the shipper) | | | | |
|  | P.O.D. (Proof of delivery) | | | | | | | | | | | | | | Letter of Liability of the Claimant | | | | |
|  | Our Letter of liability to the Contractor/Carrier | | | | | | | | | | | | | | Rejection of Liability | | | | |
|  | Claims Report of the Contractor/Carrier | | | | | | | | | | | | | | Claims invoice of the Claimant | | | | |
|  | Proof of value of the goods (e.g. commercial invoice) | | | | | | | | | | | | | | Survey Report (if instructed) | | | | |
|  | Other: | |  | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | |
| **Claim Amount** | **What is the estimated claim amount? (non-binding)** | | | | | | | | | | | | | **EUR** | | | | |  |
|  | Who should receive payment? (Account Holder) | | | | | | | | | | |  | | | | | | | | | |
|  | IBAN: |  | | | | | | | | | | | | BIC: | |  | | | |
|  | Bank Institution, Place: | | | | | | | | | |  | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | |
| Please answer all applicable questions. Strike outs or other marks are counted as no. | | | | | | | | | | | | | | | | | | | |
| All questions should be answered truthfully to best of your knowledge. Any intentionally false or not completely true information can lead to  a denial of coverage even if this has no effect on the insurer’s adjusting of the claim. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | |  |  | | | | | |
| Place | | | | | | | | Date | | | | | Signature | | | | | | |